



PTO/SB/06 (08-00)

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~~PATENT APPLICATION FEE DETERMINATION RECORD~~

Application or Docket Number

09/965,987 (H0001705)

CLAIMS AS FILED - PART I

SMALL ENTITY

OTHER THAN

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(a))			\$ _____	\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))	45	minus 20 = * 25	x \$ ____ =		OR x \$ ____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	6	minus 3 = * 3	x ____ =		OR x ____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ ____ =		OR + ____ =	
			TOTAL		OR TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

SMALL ENTITY

OR **OTHER THAN
SMALL ENTITY**

AMENDMENT A	(Continued 1)		(Continued 2)		(Continued 3)		SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(e))	* 44	Minus	** 45	= 0	x \$ ____ =		x \$ ____ =	
Independent (37 CFR 1.16(h))	* 9	Minus	*** 6	= 3	x ____ =		x 84 =	252
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ ____ =		+ ____ =	
					TOTAL		TOTAL	252
					OR		OR	
					OR		OR	
					OR		OR	
					OR		OR	

(Column 1) (Column 2) (Column 3)

ADDITIONAL FEE

232

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA-	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(e))	* 36	Minus	** 45	= 0	x \$ ____ =		x \$ ____ =
Independent (37 CFR 1.16(h))	* 7	Minus	*** 9	= 0	x ____ =		x ____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								
					+ ____ =		+ ____ =	
					TOTAL ADDT. FEE		TOTAL ADDT. FEE	0

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS 01.CB.R.1166

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(Column 1)-		(Column 2)-		(Column 3)-		ADDT. FEE		ADDT. FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(d))	*	Minus	**	=	x \$ ____ =		x \$ ____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	-	x ____ =		x ____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					37 CFR 1.16(d)	+ ____ =		+ ____ =
						TOTAL		TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "if" in column 3.

**** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.**
**** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"**

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.